FEB 21 1928

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1552

1. PLACE OF DEATH

County Jasper — Registration District No. 411 — File No.

Township Galena — Primary Registration District No. 2002 — Registered No. 43

City Joplin (No. ..... St. ..... Ward)

2. FULL NAME Charlotte Emily Farris

(a) Residence. No. 1701 Newyork St., ... Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX — Female
4. COLOR OR RACE — White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) — Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF — Milton Farris

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 14 - 1842

7. AGE — Years 85 — Months 5 — Days 11 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work — At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) — Missouri

PARENTS
10. NAME OF FATHER — James Morton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) — No record
12. MAIDEN NAME OF MOTHER — Jane Baker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) — No record

14. INFORMANT Mrs James L Steward
(Address) 311 West 14th St

15. FILED 1/27 1928 Dr A Benson Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 25th 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan. 10th, 1928, to Jan. 25, 1928 that I last saw her alive on Jan. 24, 1928 and that death occurred, on the date stated above, at 9:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio Sclerosis
91 B
(duration) 1 yrs. 6 mos. — ds.

CONTRIBUTORY (SECONDARY) —
— (duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? — DATE OF —
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) A. N. Winchester, M. D
1/26, 1928 (Address) Joplin, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL — Forest Park Cem — DATE OF BURIAL Jan. 27 1928

20. UNDERTAKER — The Frank Sievers — ADDRESS Joplin Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.